

Instructions for the F1 Application Form

Use this form if you need an I-20 from IEI

Please fill in all information, then print and sign on pages 4, 6 and 8.

The following materials must be included when applying:

- ☐ Completed, signed **application form** (enclosed)
- ☐ Completed, signed **affidavit of financial support** (enclosed)
- ☐ Original **bank letter** in English indicating that for the last 90 days the sponsor has had funds to support the student in the amount of no less than \$6150 for each session the student plans to attend (or **sponsorship award letter** from the student's sponsoring agency)
- ☐ Completed, signed student **health history form** (enclosed) (Note: Health information does NOT determine acceptance into the IEI program; the information is required by the university health center and is kept confidential.)
- ☐ Official **transcript** in English showing grades and courses completed from secondary school, university or English language school (whichever is most recent)
- ☐ Recent **photograph**, passport size
- ☐ Copy of the **information page** in your passport (Transfer students should also send copies of the **visa page, I-94** and **current I-20**.)
- ☐ **Application fee** (\$100 US, non-refundable) may be paid by check, money order, credit card or wire transfer. Do not send cash in the mail. Do not mail, fax or email credit card information.
Please ask for special instructions for payments made by credit card or wire transfer.

After receiving all of your documents and your application fee, we will create an acceptance packet that includes an acceptance letter, I-20 and other instructions. To receive these by express mail, please go to the following website for instructions:

<http://www.memphis.edu/iei/pdfs/eshipglobalinfosheet.pdf>

Send completed application and fees to:

The University of Memphis
Intensive English for Internationals
205 Panhellenic Building
Memphis, TN 38152 USA

or 901-678-2747 (fax)

or iei@memphis.edu (email)

7/13/2018

F1 Student Information

Information about student visas for applicants still in their home country

Any international student who is a graduate of a secondary school and is 18 years of age prior to arrival in the United States may make application to the IEI program.

Because it may take up to several months to obtain the necessary visa to enter the U.S., a prospective student should apply as early as possible. The completed application with all required documents and fees should be received by IEI no later than six weeks before the beginning of the session. Although we can accept and process applications after that date, students should be aware that they may not be able to obtain the necessary visa before the beginning of the session.

Upon acceptance by IEI, the student will be sent a U.S. Immigration Form I-20, a letter of acceptance, and the affidavit of financial support. The student must then request a visa at a U.S. Embassy or Consulate. If the student meets the requirements, an F1 visa will be issued. Those who are issued the F1 visa must enroll as full-time students and are required to attend classes.

The student should arrive in the U.S. no earlier than 30 days before the session begins. **No students will be allowed to enroll after the first Friday of classes.** The student should plan to arrive with at least US\$1000 in traveler's checks for immediate needs and emergencies.

Information for students transferring from another US school

IEI requires the same application material from transfer students as from students coming from their home countries. The only difference is that a transfer student should supply a transcript or grade report from the previous US school instead of from schools in his or her home country. **The completed application with all required documents and fees should be received no later than the deadline posted on the IEI website. Registration and fee payments must be completed by the posted start date of the session.** A new I-20 will be made once the original school has released the student's record in the SEVIS system and the student has completed registration.

Medical insurance

All students attending The University of Memphis on F1 visas must purchase Tennessee Board of Regents (TBR) medical, hospitalization, and evacuation/repatriation insurance during registration or provide proof of insurance from an independent carrier or sponsorship. Students must purchase this insurance before beginning classes and must maintain coverage throughout the time of their study in the IEI program, including breaks and holidays. Information about insurance requirements is available on the IEI website (<http://iei.memphis.edu>) and will be included in the acceptance packet.

Note to students with dependents

IEI students who wish to bring their spouses and/or children must show an additional \$1890 in financial support for the spouse and \$945 for each child for each session. Each person's full name, relationship to the student, and date and place of birth, and copies of each person's passport information page should also be sent with the application.

Housing

IEI students are responsible for securing their own housing before their arrival in Memphis. Information is available for both on-campus and off-campus housing on our web site (<http://iei.memphis.edu>). Click on "Housing" under the "About" tab. An on-campus housing application will be included in your acceptance packet.

Family housing may be available on the Park Avenue Campus at The University of Memphis for students with dependents. The University Blue Line provides free transportation for students between the Park Avenue and Main campuses.

F1 STUDENT APPLICATION

When would you like to begin? (Check one session.)

Year 20_____

Fall 1 _____

Fall 2 _____

Spring 1 _____

Spring 2 _____

Summer _____

(August - October)

(October - December)

(January - March)

(March - May)

(June - July)

How many sessions would you like to study? (Circle one) 1 2 3 4 5 6

Personal Information (Please write clearly.)

Family Name _____ First Name _____

Telephone Number _____ Email _____

Address in Home Country _____

City _____ Postal Code _____ Country _____

Country of Birth _____ Country of Citizenship _____

First Language _____

Date of Birth: (month) _____ / (day) _____ / (year) _____ Sex: Male _____ Female _____

Are you transferring to IEI from another school in the USA? Yes _____ No _____

If yes, what is the name and address of your current school?

When you will finish your current classes at that school? _____

Primary Contact

(By including this information, you are giving IEI permission to communicate with the person(s) listed regarding all issues surrounding your IEI experience, including, but not limited to, account, academic, immigration, conduct, health, and safety information.)

Name _____ Relationship to you _____
(parent, other relative, friend, etc.)

Telephone Number _____ Email _____

Address _____

Do you plan to attend The University of Memphis after completing IEI? Yes _____ No _____

Note: To apply for graduate or undergraduate study, a separate application must be made to The University of Memphis.

If yes, are you applying for Conditional Admission to the University of Memphis? Yes _____ No _____

If yes, will you attend as a graduate student? _____ or undergraduate? _____

If yes, what will be your area of study? _____

If no, what are your plans when you finish your studies at IEI? _____

Have you completed the Test of English as a Foreign Language (TOEFL)? Yes _____ No _____

If yes, when? _____ Score: _____

Do you plan to live in university housing? Yes _____ No _____

Note: An on-campus housing application will be sent to you in your acceptance packet.

Will any dependents be coming with you to the United States? Yes _____ No _____

Note: See the information page. You may list the needed information on a plain sheet of paper and attach it to this application.

How did you learn about IEI?

- ☐ Family / Friend – Who? _____
- ☐ Agent – Which One? _____
- ☐ Web Site – Which one? _____
- ☐ Educational placement service – Which one? _____
- ☐ International study magazine – Which one? _____
- ☐ Other – Explain _____

Certification Statement

I hereby certify that the above information is correct and that I will abide by the regulations for students in the Intensive English for Internationals program at The University of Memphis.

Applicant Signature _____

Date _____

Parent Signature _____

(Parent signature is required if student is less than 18 years of age.)

Date _____

AFFIDAVIT OF FINANCIAL SUPPORT

Students accepted to the Intensive English for Internationals (IEI) program must provide evidence of sufficient funds for their periods of study in the United States. The information below must be submitted to IEI before the I-20 can be sent. Use the chart below to calculate the amount of money needed for the number of sessions you plan to study. Your I-20 will be based on the number of sessions that you indicate. If later you wish to study longer with us, we can extend your I-20; only an updated bank letter and affidavit will be necessary.

Total Sponsorship Calculation

Tuition, fees and estimated living costs:	\$6150	
Will you bring a spouse? If yes, add:	+\$1,890	
Will you bring children? If yes, add for each child:	+\$ 945	
Total for one 8-week session:	\$	← (write the total for one session here)
How many sessions do you plan to study?	X	← (write the number of sessions here – 1, 2, 3 or 4)
Total amount of sponsorship:	\$	← (multiply the above two numbers for the total)

If you will be sponsored by private funds, please read the Proof of Funds information on the next page and fill out the information below:

Name of Student _____

Name of Sponsor _____

Relationship to Student _____
(If you are paying your own expenses, write "Self.")

Address _____

Telephone Number _____ Email _____

If you will be supported by your government or a sponsoring agency, please write the name(s) of the organization(s) below, and attach an official copy of your award letter.

I hereby certify that I am aware of the costs of the Intensive English for Internationals program. I further certify that sufficient funds are available and will be provided as required.

Applicant Signature _____ Date _____

Sponsor Signature _____ Date _____

Proof of Funds

Students without dependents must show proof of funds in the amount of US\$6,150.00 for each eight week session. Students with dependents must show proof of additional funds. Please complete the top section of the Affidavit of Financial Support to calculate the total amount needed in your situation.

Financial Information Requirements:

- financial information may be submitted in the form of official bank statements or official bank letters with the appropriate stamps and/or signatures
- financial information may come from multiple sponsors; each sponsor must sign the Affidavit of Financial Support
- financial information may come from multiple accounts
- financial information should be dated within the past 4 months (older statements will not be accepted)
- financial information should be translated into English (especially names); unofficial translations are accepted
- financial information should show the required amount of money has been in the sponsor's account for a period of at least 90 days
- financial information should show the average balance for the previous 90 days
- financial information should show the financial institution's name
- financial information should show the account holder's name
- financial information should show the type of currency
- financial information should show liquid assets
- CD's should show maturity date (funds must be available before the last registration day)

IMPORTANT: The following types of funding are NOT accepted:

- Documents older than 4 months
- Statements printed from the internet (unless a bank official stamps and signs them)
- Funds that are not immediately accessible
- Assests that are not in liquidated form (house, car, etc.)
- Life insurance policy statements
- Pension funds
- Tax return forms or documents
- Stocks
- Bonds

STUDENT HEALTH SERVICES
HEALTH HISTORY FORM

Please complete *both pages* in ink, and sign the Permission to Treat. Minors must have the Permission to Treat signed by parent/guardian. Note: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person without your written authorization, except as required by law, subpoena or court order.

Name _____ Sex (Check one.) ☐ Male ☐ Female U # _____

Place of Birth (City, State, Country) _____ Age _____ Date of Birth _____

Permanent Address (Street, City, State, Zip) _____

Local Address (Street, City, State, Zip) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____ Classification ☐ Student ☐ Faculty/Staff ☐ Visitor

Emergency Notification Name _____ **Relationship to you** _____

Cell Phone _____ Home Phone _____ Work Phone _____

Check here if you or any blood relative has had any of the following:

	You	Relative/Relationship	Remarks
Alcohol or Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies or Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia or Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Mental or Emotional Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide or Attempt	<input type="checkbox"/>	<input type="checkbox"/>	
Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Prior surgeries and dates _____

Prior major injuries and dates _____

Prior infectious diseases and dates (includes childhood diseases, Mono, TB, HIV, Hepatitis and Sexually Transmitted Infections) _____

List **all medications** you take routinely (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, supplements and birth control pills, shots or implants) _____

List **all allergies** you have including drug and non-drug allergies

Allergies (such as latex, nuts, bites or stings, etc.)

Type of Reaction (rash, hives, swelling, etc.)

Do you use tobacco? ☐ Yes ☐ No What form? _____ Usage per day? _____

Former smokers: How many cigarettes/day? _____ For how long? _____ How long ago did you quit? _____

Do you use alcohol (includes beer)? ☐ Yes ☐ No How often? _____ Usage per occasion? _____

Do you use drugs? ☐ Yes ☐ No What form? _____ How often? _____

Have you ever been treated for alcohol and/or drug abuse? _____

Permission to Treat

Permission is hereby granted to the Student Health Services healthcare providers and staff to proceed with any needed emergency and/or non-emergency treatment, examinations, immunizations and medical tests should medical or surgical attention be necessary while the student is enrolled at the University of Memphis. I understand that under certain circumstances, transportation to an area hospital for diagnosis, treatment and possible hospital admission may be necessary. I also understand that the expenses incurred for medical care beyond that which is provided within Student Health Services are my responsibility.

In addition, if the student is a Minor, in the event of serious illness or significant accidental injury, an attempt will be made by Student Health Services staff to contact a parent or legal guardian in the most expeditious manner possible. If said staff is unable to communicate with a parent or legal guardian, the treatment for the best interest of the Minor may be given. I (parent or legal guardian) further give Student Health Services staff permission to contact my son's/daughter's primary healthcare provider regarding past medical and medication history, if necessary.

Signature of Student _____

Signature of Parent/Guardian _____

(If student is under 18)

Date _____

Date _____

Emergency Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____